



{premier soccer coaching}



Impact Soccer Winter 2012 Programs

Technical Skill Class

U5 thru U8 at 1.30pm – 2.30pm

A program designed to give players an insight into the game of soccer. Players will work on their technical skills, learning about the key components of the game such as dribbling, receiving, passing and shooting.

Individual Footwork and Skills Development

U9 to U13 at 2.30pm – 3.30pm

A program to individually challenge and progress individual ball handling skills and techniques, with the aim of taking the player to the next level. There shall be intensive work on understanding of the game and performing skills in a competitive learning environment.

Program Details

Dates Sunday - 8th January thru 11th March

Venue Hope Lutheran Church, 2600 Haines Road, Levittown, PA 19055

Cost \$125 for the 10 week program (price will be pro-rated if you sign up late)

To confirm your place

Online Register at www.impact-soccer.org and complete a waiver form on the day

Mail Complete attached waiver and mail to Impact Soccer to 141 Fifth Avenue, Phoenixville, PA, 19460. Checks made payable to Impact Soccer.

For queries please contact Program Director James Gush at james.gush@impact-soccer.org

 {premier soccer coaching}

Impact Soccer Waiver Form

Junior Technical Program – Hope Lutheran Church, FSC

Player name

Age

Parent Name

Address

City

State

Zip

Phone number

Emergency Contact Name & Number

Email address

Program (Please circle)

Session 1 - U5 thru U8 | Session 2 – U9 thru 13

I request that you accept the application for enrollment of the above named individual on the sports camp for the dates specified as above. In consideration of your acceptance of application, I release Total Sporting Solutions LLC, its employees, consultant and Board of Directors from all claims on account of any injuries which may be sustained while attending the activities. I agree to indemnify and hold Total Sporting Solutions LLC, its employees, consultants and Board of Directors harmless for injury and expense, including costs of defense, which may result from activities associated with participation in the program. If medical attention is required for injury or illness for the above named applicant, I give my permission for such medical care; and I take full responsibility for payment of such care.

Parent / Guardian name (printed) X

Parent / Guardian signature X

Insurance company

Policy number

Please post with a check for \$125.00 to

Impact Soccer | 141 Fifth Avenue | Phoenixville | PA | 19460

Office: 610.679.9139 | Cell: 484.478.2474 | 141 Fifth Avenue.Phoenixville.PA.19460
info@impact-soccer.org | www.impact-soccer.org